

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under PL. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 8739	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name JAY SACKMAN P.O. Box, Bldg., Room No., if any Street 310 W. 43rd STREET City NEW YORK State New York ZIP Code + 4 10036	4. Name, file number, and address of labor organization. Name NEW YORK'S HEALTH & HUMAN SERVICE UNION 1199SEIU Labor Organization File Number 031-847 P.O. Box, Building and Room Number, if any Street 310 W. 43rd STREET City NEW YORK State New York ZIP Code + 4 10036-6407
5. Position in labor organization. EXECUTIVE VICE PRESIDENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/15/05
Date

212-261-2465

Telephone Number

Name of Person Filing JAY SACKMAN		File Number U-	
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name: 1199 NATIONAL BENEFIT FUND*</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any:</p> <p>Street: 330 W. 42nd STREET</p> <p>City: NEW YORK</p> <p>State: New York ZIP Code + 4: 10036</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name:</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any:</p> <p>Street:</p> <p>City:</p> <p>State: ZIP Code + 4:</p>	<p>11.a. Nature of such dealing.</p> <p>PROVIDING VARIOUS HEALTH AND WELFARE BENEFITS TO EMPLOYEES COVERED BY 1199'S COLLECTIVE BARGAINING AGREEMENTS.</p> <p>*THE 1199 NATIONAL BENEFIT FUND IS THE PAYING AGENT FOR TRUSTEE CONFERENCES AND MEETINGS FOR SEVERAL FUNDS.</p>
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<p>11.b. Approximate dollar value of such dealing.</p>	<p>12.a. Nature of interest held or income received.</p> <p>AS A TRUSTEE OF THE 1199 NATIONAL BENEFIT FUND I ATTENDED A TRUSTEES MEETING FOR WHICH I RECEIVED LODGING, MEALS AND OTHER MEETING-RELATED EXPENSES.</p>
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<p>12.b. Amount.</p> <p style="text-align: right;">\$792.</p>	
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name:</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any:</p> <p>Street:</p> <p>City:</p> <p>State: ZIP Code + 4:</p>	<p>14.a. Nature of payment.</p>
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<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>
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Name of Person Filing JAY SACKMAN

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name HOSPITAL LEAGUE/1199 TRAINING&UPGRADING FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 330 W. 42nd STREET

City NEW YORK

State New York

ZIP Code + 4 10036

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

PROVIDES VARIOUS JOB TRAINING AND UPGRADING BENEFITS TO EMPLOYEES COVERED BY 1199 COLLECTIVE BARGAINING AGREEMENTS

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

AS A TRUSTEE FOR THE HOSPITAL LEAGUE/1199 TRAINING AND UPGRADING FUND, THE 1199 HOSPITAL LEAGUE HEALTH CARE INDUSTRY PLANNING & PLACEMENT FUND AND THE 1199 JOB SECURITY FUND, I ATTENDED A TRUSTEES MEETING FOR WHICH I RECEIVED EXPENSES FOR LODGING & MEALS

12.b. Amount.

\$467

Name of Person Filing JAY SACKMAN

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MILLIMAN USA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street ONE PENN PLAZA

City NEW YORK

State New York ZIP Code + 4 10019

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name 1199 NATIONAL BENEFIT FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 330 W. 42nd STREET

City NEW YORK

State New York ZIP Code + 4 10036

11.a. Nature of such dealing.

PROVIDES ACTUARIAL SERVICES

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

EXPENSES FOR GOLF OUTING

12.b. Amount.

\$252

Name of Person Filing JAY SACKMAN	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name AMALGAMATED BANK Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 15 UNION SQUARE City NEW YORK State New York ZIP Code + 4 10003	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any Street: City: State: ZIP Code + 4	11.a. Nature of such dealing. PROVIDES BANKING SERVICES 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. HOLIDAY GIFT IN THE AMOUNT ESTIMATED BELOW 12.b. Amount. \$104

August 15, 2005

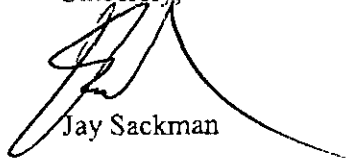


U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW, Room N-5616
Washington, DC 20210

To Whom It May Concern::

Please note that subsequent to mailing my Form LM-30 I received notification of information that should have been included. The updated form is attached. Please disregard the form sent previously.

Sincerely,



Jay Sackman